



HealthPath
Washington

Washington State
Health Care Authority

What are Health Home services?

A new set of care coordination services targeted to individuals with chronic conditions who could benefit from intensive care coordination. These services do not duplicate or take the place of other case management services an individual may be receiving.

The six Health Homes services are:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services, if relevant; and
- The use of health information technology (HIT) to link services, as feasible and applicable.

Who is eligible for Washington State's Health Home Services?

- Individuals who are eligible for Medicaid coverage only or have both Medicare and Medicaid coverage, commonly referred to as full-dual eligible;
- Must have at least one chronic condition and be at risk of a second with a minimum predictive risk score of 1.5.
- The chronic conditions covered are mental health conditions, substance use disorders, asthma, diabetes, heart disease, cancer, cerebrovascular disease, coronary artery disease, dementia or Alzheimer's disease, intellectual disability or disease, HIV/AIDS, renal failure, chronic respiratory conditions, neurological disease, gastrointestinal, hematological and musculoskeletal conditions.
- The predictive risk score of 1.5 means a beneficiary's expected future medical expenditures is expected to be 50% greater than the base reference group, the WA SSI disabled population. The WA risk score is based on the Chronic Illness & Disability Payment System and Medicaid-Rx risk groupers developed by Rick Kronick and Todd Gilmer at the University of California, San Diego, with risk weights normalized for the WA Medicaid population. Diagnoses, prescriptions, age and gender from the beneficiary's medical claims and eligibility history for the past 15 months (24 months for children) are analyzed, a risk score is calculated and chronic conditions checked across all categorically needy populations, and a clinical indicator (Y=qualifies; N=does not qualify) is loaded into the WA MMIS. For those beneficiaries with an electronic claims history of less than



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15 months or referred from a provider, a tool will be available to manually calculate clinical qualification. The clinical indicator in the MMIS can then be set to Y in cases where a previously non-qualified beneficiary requests or is referred for health home assignment and eligibility criteria is met.

How do I access Health Home services?

Enrollment and participation in a health home is voluntary. Eligible individuals will be identified in the Health Care Authority's MMIS system with a health home clinical indicator, which identifies individuals who meet the chronic condition eligibility criteria. Once identified, you will be contacted and asked if you would like to participate in a health home.